



State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use

Fee Paid 10.00Date 2-7-96CR# 2935

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name (LYLE McMANUS) Home Tel: (509) 548 6702
Mailing Address Box 566 Work Tel: () -
City (Peshastin) State (WA) Zip + 4 98847-0566 FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: () -
Mailing Address _____ Work Tel: () -
City _____ State _____ Zip + 4 _____ + _____ FAX: () -
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (10,033) 15 gallons per minute or ☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s) of (Domestic - Stock Irrigation). Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 1- Acre Foot

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>(unnamed spring)</u>	A permit is desired for _____ well(s).
Number of diversions: _____	
Source flows into (name of body of water): <u>MISSION CREEK</u>	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1428 feet EAST & 1,343 feet N OF THE SW CORNER OF 26.

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE 1/4</u>	<u>S.W. 1/4</u>	<u>26</u>	<u>22</u>	<u>19</u>	<u>Chelan</u>			

For Ecology Use Date Received: February 7, 1996 Priority Date: February 7, 1996
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete February 20, 1996 By JAM Date Returned _____ By _____ WRIA: 45

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: N/A
- B. Briefly describe your proposed water system. (See instructions.)
GRAVITY SYSTEM - 1 1/4 TO 1 1/2 PIPE TO TROUGH FOR LIVESTOCK - PLAN TO BUILD A CABIN 200 FEET WEST OF SPRING (GRAVITY FLOW ALSO)

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.
WRC # 159762 BY A. LYLE McMANUS.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1 Type of connection CABIN
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 1 acre
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 - ‡ Acreage proposed to be irrigated under this application;
 - ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals 3 OR 4 Animal type HORSES (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____
- THE LAND PART OF AGRICULTURAL ALLOTMENT FOR SPRING ARE FOREST SERVICE

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Go SOUTH FROM Cashmere ON The Mission Creek ROAD Take the LEFT HAND FORK ABOUT 12 miles FROM Cashmere Then Take The right hand FORK AT The Peltine CANYON SIGN. Go up the bottom of the CANYON to the SPRING 1 mile + or -

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO
If no, submit a copy of agreement:

THIS HAS BEEN CONSIDERED APPLICANTS PROPERTY UNTIL A NEW SURVEY IN 1989 OR '90 WHEN IT WAS DETERMINED TO BE 80' ACROSS THE PROPERTY LINE. THE APPLICANT CLAIMS RIGHT TO THE SPRING BY ADVERSE POSSESSION

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Syle M. Manus
Applicant (or authorized representative)

1-25-96
Date

Syle M. Manus
Landowner for place of use (if same as applicant, write "same")

1-25-96
Date

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1489

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

THIS APPLICATION IS NOT TO TAKE THE PLACE OF WATER RIGHT CLAIM 159762 BUT TO BACK IT UP.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).